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1	BRS	L1	2827	chemotherapy same (side adj effect)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:23			0
2	BRS	L2	37116	(hematopoietic adj toxicity) or (hematopoietic adj progenitor adj cell) or anemia or myelosuppression or pancytopenia or thrombocytopenia or neutropenia or lymphopenia or leukopenia or stomatitis or alopecia or headache or (muscle adj pain)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:31			0
3	BRS	L3	308	1 same 2	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:26			0
4	BRS	L4	5839	angiotensin adj II	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
5	BRS	L5	0	3 same 4	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
6	BRS	L6	3073	angiotensinogen or (angiotensin adj I)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
7	BRS	L7	1	(chemotherapy same (side adj effect)) same (angiotensinogen or (angiotensin adj I) or (angiotensin adj II))	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0
8	BRS	L8	0	3 same (4 or 6)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:30			0

	Type	L #	Hits	Search Text	DBs	Time Stamp	Comments	Error Definition	Error Errors
9	BRS	L9	50034	cytokine or (granulocyte adj colony adj stimulating adj factor) or (granulocyte-macrophage-CSF) or (epidermal adj growth adj factor) or interleukin or thrombopoietin or (megakaryocyte adj development adj growth adj factor) or pixinine or (stem adj cell adj factor) or (flt-ligand)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:36			0
10	BRS	L10	106	1 same 9	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0
11	BRS	L11	0	1 same 9 same (4 or 6)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0

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=> s (angiotensin I) or (angiotensin II) or angiotensinogen  
L1 173311 (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN

=> s chemotherapy (p) (side effect)  
L2 3 CHEMOTHERAPY (P) (SIDE EFFECT)

=> s chemotherapy (p) (side effect)  
5 FILES SEARCHED...  
L3 18473 CHEMOTHERAPY (P) (SIDE EFFECT)

=> s (hematopoietic toxicity) or (bone marrow) or anemia or myelosuppression or pancytopenia or th  
L4 982513 (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANEMIA OR MYELOSUPP  
RESSION OR PANCYTOPENIA OR THROMBOCYTOPENIA OR NEUTROPENIA OR  
LYMPHOPENIA OR LEUKOPENIA OR STOMATITIS OR HEADACH OR (MUSCLE  
PAIN)

=> s l1 (p) l2  
L5 0 L1 (P) L2

=> s l1 (p) l3  
L6 21 L1 (P) L3

=> s l6 (p) l4  
L7 7 L6 (P) L4

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=> d l8 1-13 ibib abs

L8 ANSWER 1 OF 13 CAPLUS COPYRIGHT 2003 ACS  
ACCESSION NUMBER: 1998:438670 CAPLUS  
DOCUMENT NUMBER: 129:92270  
TITLE: Clinical study on xenon-enhanced CT and its  
methodological consideration  
AUTHOR(S): Hyotani, Genhachi  
CORPORATE SOURCE: Dep. Neurol. Surg., Wakayama Med. Coll., Wakayama,  
640-0000, Japan  
SOURCE: wakayama Igaku (1998), 49(2), 223-233  
CODEN: WKMIAO; ISSN: 0043-0013  
PUBLISHER: wakayama Igakkai  
DOCUMENT TYPE: Journal  
LANGUAGE: Japanese

AB Following studies were performed to examine the hemodynamics of brain  
tumors, which seems to be useful to det. the appropriate adjuvant therapy;  
(1) basic study to establish the methodol. of the xenon-enhanced CT  
(Xe-CT), (2) measurement of the blood flow in and around the brain tumors,  
(3) blood flow changes under the induced hypertension. An appropriate  
time of xenon inhalation and the reproducibility of the examn. were detd.  
in 8 volunteers. Also, inadvertent effects of Xe-CT were studied in 428  
times examn. The min. inhalation time to obtain the reliable and  
reproducible data was 4 min. Major \*\*\*side\*\*\* \*\*\*effects\*\*\* were  
not encountered, although 15% of these examns. failed because of patient's  
movement during xenon gas inhalation. Blood flow in and around the brain  
tumor was measured in 37 patients with brain tumors (15 gliomas, 8

metastatic brain tumors, 14 meningiomas). A high flow area usually corresponded to that including viable tumor cells, while low flow area consisted of tissue with necrosis or brain edema. However, it was difficult to est. the invasive area of the tumor around the contrast enhanced lesion by Xe-CT. These areas were usually demonstrated as low flow area and was difficult to differentiate from necrosis or edema without tumor invasion. The changes of tumor blood flow under induced hypertension were examd. in 12 malignant brain tumor patients. Blood flow was measured before and after the induced hypertension, when blood pressure rose to nearly 140% of their initial blood pressure using \*\*\*angiotensin\*\*\* drip infusion. Tumor blood flow increased 305 under induced hypertension in av. Autoregulation of the blood flow was not preserved in malignant brain tumors. Therefore, \*\*\*chemotherapy\*\*\* under the induced hypertensive state seems to be effective by increasing the drug delivery into the tumor tissue.

L8 ANSWER 2 OF 13 MEDLINE DUPLICATE 1  
 ACCESSION NUMBER: 95153801 MEDLINE  
 DOCUMENT NUMBER: 95153801 PubMed ID: 7850915  
 TITLE: Phase II study of a new combined primary chemotherapy regimen, intravenous methotrexate and vincristine and intraarterial adriamycin and cisplatin, for locally advanced urinary bladder cancer: preliminary results.  
 AUTHOR: Kuroiwa T; Naito S; Hasuo K; Kishikawa T; Masuda K; Kumazawa J  
 CORPORATE SOURCE: Department of Radiology, Kyushu University, Fukuoka, Japan.  
 SOURCE: CANCER CHEMOTHERAPY AND PHARMACOLOGY, (1995) 35 (5) 357-63.  
 JOURNAL code: 7806519. ISSN: 0344-5704.  
 PUB. COUNTRY: GERMANY; Federal Republic of  
 DOCUMENT TYPE: (CLINICAL TRIAL)  
 (CLINICAL TRIAL, PHASE II)  
 Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 199503  
 ENTRY DATE: Entered STN: 19950322  
 Last Updated on STN: 19950322  
 Entered Medline: 19950316

AB A phase II study of a new combination therapy was performed using intraarterial (i.a.) cisplatin and Adriamycin in combination with i.v. methotrexate and vincristine for 27 patients with invasive urinary bladder carcinoma of stages T2-3NOMO, and the therapeutic effects were assessed. Methotrexate (20 mg/m<sup>2</sup>) was given i.v. on days 1, 15, and 22, and vincristine (0.7 mg/m<sup>2</sup>) was injected i.v. on day 2 before i.a. infusion therapy and on days 15 and 22. The i.a. \*\*\*chemotherapy\*\*\* was performed after both superior gluteal arteries had been embolized using 3- or 5-mm stainless-steel coils. A mixture of cisplatin (50-70 mg/m<sup>2</sup>) and Adriamycin (20 mg/m<sup>2</sup>) was infused i.a. via both internal iliac arteries over a period of 20-30 min. \*\*\*Angiotensin\*\*\* drip infusion (mean dose, 21 micrograms) was simultaneously infused i.a. in 15 of 27 patients. In 24 of the 27 patients, at least 2 cycles of full-dose \*\*\*chemotherapy\*\*\* were completed. The dose was decreased in the remaining 3 patients because of their poor health status and advanced age. Among the 27 patients, 9 and 14 had complete (CR) and partial responses (PR), respectively; 3 manifested no change (NC), and 1 had progressive disease (PD). The objective response rate (CR+PR) was 85.2%. Among the 27 patients staged T2-3 NOMO, 6 (CR, 1; PR, 5) underwent total cystectomies and 18 (CR, 8; PR, 8; NC, 2) had transurethral resection of a bladder tumor (TUR-Bt) or partial resections following \*\*\*chemotherapy\*\*\*. The remaining 3 diminished-dose patients had no surgery. Of the 27 patients, 22 were alive after a median follow-up period of 21+ (range, 7-48+) months. No significant \*\*\*side\*\*\* effect was observed except for lower extremity paresthesias in 5 patients (18.5%). These results point to the effectiveness of this therapy and to the possibility of urinary bladder preservation in patients with invasive, advanced urinary bladder cancers.

L8 ANSWER 3 OF 13 MEDLINE DUPLICATE 2  
 ACCESSION NUMBER: 92272030 MEDLINE  
 DOCUMENT NUMBER: 92272030 PubMed ID: 1590270  
 TITLE: Intraarterial infusion chemotherapy with [Sar1,Ile8]angiotensin II for bladder cancer.  
 AUTHOR: Morita T; Kikuchi T; Hara Y; Ishikawa S; Kobayashi Y; Ishiyama S; Tozuka K; Goto K; Takahashi K; Yoshikawa H; +  
 CORPORATE SOURCE: Department of Urology, Jichi Medical School, Tochigi, Japan.  
 SOURCE: AMERICAN JOURNAL OF CLINICAL ONCOLOGY, (1992 Jun) 15 (3)

188-93.  
Journal code: 07754. ISSN: 0277-3732.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199206  
ENTRY DATE: Entered STN: 19920710  
Last Updated on STN: 19920710  
Entered Medline: 19920623

AB Thirty-three patients with primary bladder cancer (nine stage T1 with multifocal tumors and 24 stage T2-4) were treated with intraarterial infusion \*\*\*chemotherapy\*\*\* including cisplatin, doxorubicin, and [Sar1,Ile8] \*\*\*Angiotensin\*\*\* \*\*\*II\*\*\* (AT II). Of the 32 evaluable patients, 12 had pathologically proven complete response (CR), 19 showed partial response (PR), and one showed no change (NC); the overall response rate (CR + PR) was 97%. The blood pressure increased in response to the administration of [Sar1,Ile8]AT II in all the patients; the mean increase in the systolic blood pressure was 36 mmHg. Most of the \*\*\*side\*\*\* \*\*\*effects\*\*\* were mild to moderate in severity, transient in nature, and included nausea/vomiting (100%), alopecia (84%), leukopenia (66%), headache (9%), nephrotoxicity (6%), diarrhea (3%), skin pigmentation (3%), and neurotoxicity (3%). One patient who dropped out of the study developed hemiplegia as a result of cerebral infarction. The findings indicate that it is necessary to exercise caution in selecting the patients to be subjected to this therapy. We conclude that intraarterial infusion \*\*\*chemotherapy\*\*\* combined with a vasoconstrictor has a significant effect not only against multifocal superficial bladder cancer but also against invasive bladder cancer.

L8 ANSWER 4 OF 13 MEDLINE

ACCESSION NUMBER: 92082261 MEDLINE  
DOCUMENT NUMBER: 92082261 PubMed ID: 1746966  
TITLE: Evaluation of induced hypertension chemotherapy (IHC) in ambulatory cancer patients.  
AUTHOR: Sato H; Sugiyama K; Ishizuka K; Hoshi M; Urushiyama M  
CORPORATE SOURCE: Dept. Clinical Cancer Chemotherapy, Research Institute for Cancer and Tuberculosis, Tohoku University, Sendai, Japan.  
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1991 Dec) 18 (15) 2509-16.  
Journal code: 7810034. ISSN: 0385-0684.  
PUB. COUNTRY: Japan  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Japanese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199201  
ENTRY DATE: Entered STN: 19920202  
Last Updated on STN: 20000303  
Entered Medline: 19920114

AB To evaluate ambulatory cancer \*\*\*chemotherapy\*\*\* (ACC), the clinical response, dose intensity of anticancer drugs, toxicities, ambulatory periods (AP) and survival days (SD) were analysed among 20 outpatients with various types of advanced cancer who were continuously treated by \*\*\*angiotensin\*\*\* \*\*\*II\*\*\* -IHC for the past 10 years. ACC was assessed with a questionnaire by the patients themselves or their families. In advanced cancer, at first, it was essentially to obtain a get clinical response or to stabilize the condition for a while, and secondly, to upgrade the performance status in better grade. Although AP and SD were so differed with the individuals: AP/SD = 1692.2 +/- 1450.2 days/2075.0 +/- 1348.0 days for CR (n = 5); 1086.0 +/- 1160.2 days/1344.3 +/- 1143.7 days for PR (n = 10); and 197.3 +/- 129.2 days/471.7 +/- 362.5 days for PD (n = 3). Alopecia, nausea/vomiting and appetite loss were the most frequent \*\*\*side\*\*\* \*\*\*effects\*\*\*, though these were almost completely controllable by ACC. Patients and their families could be cooperated and allow receiving ACC. The key in fighting cancer is the formation of good human relationship between medical oncologists and patients (including their families) mutual confidence, and giving a sufficient explanation for therapies.

L8 ANSWER 5 OF 13 MEDLINE

ACCESSION NUMBER: 92028175 MEDLINE  
DOCUMENT NUMBER: 92028175 PubMed ID: 2130794  
TITLE: Clinical evaluation of chemotherapy under angiotensin II-induced hypertension in patients with advanced cancer.  
AUTHOR: Yamaue H; Tanimura H; Terashita S; Iwahashi M; Tani M; Tsunoda T; Tamai M; Mori K  
CORPORATE SOURCE: Department of Gastroenterological Surgery, Wakayama Medical

DUPLICATE 3

SOURCE: College.  
NIPPON GEKA H. N. ARCHIV FUR JAPANISCHE CHIRURGIE, (1990  
Jul 1) 59 (4) 582-9.  
Journal code: 0421143. ISSN: 0003-9152.

PUB. COUNTRY: Japan  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199111  
ENTRY DATE: Entered STN: 19920124  
Last Updated on STN: 20000303  
Entered Medline: 19911107

AB The clinical efficacy and indications for \*\*\*Angiotensin\*\*\* \*\*II\*\*  
(AT II)-induced hypertension \*\*\*chemotherapy\*\*\* were evaluated as a  
drug delivery system in 101 patients with advanced carcinoma. The sites  
of primary tumor studied included stomach (44), pancreas (18), colon (16),  
esophagus (6), bile duct (4), liver (3), breast (7) and 3 other single  
organs. Seventy four cases had distant metastases (lymph node (25), liver  
(29), peritoneum (16), and lung (4)). Additionally, the protocol was used  
12 cases as postoperative adjuvant \*\*\*chemotherapy\*\*\* and 15 cases  
following exploratory laparotomy. The blood pressure was elevated to a  
level 1.5 times base-line. The regimens used consisted of MMC + ADR (55),  
FAM (38) and CDDP (8). The dosages administered were MMC 7 mg/m2, ADR 14  
mg/m2 and 5-FU 350 mg/m2. The cancer \*\*\*chemotherapy\*\*\* protocol with  
AT II was repeated for an average of 2.6 cycles with a 2-3 week interval.  
The drug concentration in tumor tissues was increased 1.7 fold by AT II  
treatment. The response rate was 15.8% (CR 7 and PR 9), and in those  
patients with lymph node, liver and peritoneal metastases was 48.0, 6.9  
and 6.3%, respectively. The serum levels of tumor markers decreased in 9  
patients. Subjective symptoms, such as hoarseness, edema and pain, were  
improved. The mean survival in patients with distant metastasis who  
responded was 343 days, and in nonresponders was only 168 days (p less  
than 0.05). The \*\*\*side\*\*\* \*\*\*effects\*\*\* of this therapy were  
slight, typically being grade 1 and 2. Thus, the chemotherapeutic agents  
studied in conjunction with AT II were effective in patients with lymph  
node metastasis. Additionally, this regimen could be performed safely  
with minimal \*\*\*side\*\*\* \*\*\*effects\*\*\*.

L8 ANSWER 6 OF 13 MEDLINE  
ACCESSION NUMBER: 90025160 MEDLINE  
DOCUMENT NUMBER: 90025160 PubMed ID: 2802636  
TITLE: Intra-arterial infusion chemotherapy with [Sar1, Ile8]  
angiotensin II in bladder cancer.  
AUTHOR: Morita T; Kikuchi T; Hara Y; Ishikawa S; Kobayashi Y;  
Ishiyama S; Tozuka K; Goto K; Nakashima N; Takahashi K; +  
CORPORATE SOURCE: Dept. of Urology, Jichi Medical School, Tochigi, Japan.  
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND  
CHEMOTHERAPY], (1989 Oct) 16 (10) 3417-22.  
Journal code: 7810034. ISSN: 0385-0684.

PUB. COUNTRY: Japan  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Japanese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198911  
ENTRY DATE: Entered STN: 19900328  
Last Updated on STN: 19970203  
Entered Medline: 19891122

AB Twenty patients with bladder cancer were treated with intra-arterial  
infusion \*\*\*chemotherapy\*\*\* using CDDP and ADM in combination with  
[Sar1, Ile8] \*\*\*angiotensin\*\*\* \*\*II\*\*. A catheter was  
introduced into internal iliac artery by Seldinger's technique, and 100 mg  
of CDDP, 50 mg of ADM and 1 mg of [Sar1, Ile8] \*\*\*angiotensin\*\*\*  
\*\*\*II\*\*\* were infused through the catheter for 40 minutes. CR was  
observed in 8 of 20 patients. PR in 11 and NC in 1. Therefore, the  
response rate (CR + PR) was 95% (19/20). \*\*\*Side\*\*\* \*\*\*effects\*\*\*  
were generally mild and consisted of leukopenia, nausea, vomiting,  
diarrhea, alopecia, skin pigmentation and headache. Catheter-related  
complications were not observed. This study demonstrated that  
intra-arterial infusion \*\*\*chemotherapy\*\*\* with CDDP and ADM in  
combination with [Sar1, Ile8] \*\*\*angiotensin\*\*\* \*\*II\*\* was  
extremely effective in treating patients with bladder cancer.

L8 ANSWER 7 OF 13 MEDLINE  
ACCESSION NUMBER: 89272076 MEDLINE  
DOCUMENT NUMBER: 89272076 PubMed ID: 2543322  
TITLE: Angiotensin II-induced hypertension chemotherapy of bone  
and soft-tissue sarcomas.

AUTHOR: Tsuchiya H; Tomita K; Sugihara M; Shimizu H; Yasutake H;  
 Morishita H; Iikawa S; Ohno M; Bunko H; Seto  
 CORPORATE SOURCE: Dept. of Orthopedic Surgery, Kanazawa University, School of  
 Medicine.  
 SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND  
 CHEMOTHERAPY], (1989 Apr) 16 (4 Pt 2-3) 1776-81.  
 Journal code: 7810034. ISSN: 0385-0684.  
 PUB. COUNTRY: Japan  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: Japanese  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 198906  
 ENTRY DATE: Entered STN: 19900309  
 Last Updated on STN: 19900309  
 Entered Medline: 19890623

AB We treated 14 patients with high grade sarcomas by \*\*\*angiotensin\*\*\*  
 \*\*\*II\*\*\* -induced hypertension \*\*\*chemotherapy\*\*\*. The  
 \*\*\*chemotherapy\*\*\* protocol described by Rosen was selected according to  
 histological classification of sarcomas (small cell sarcoma, spindle cell  
 sarcoma, pleomorphic sarcoma). The level of angiotensin-induced  
 hypertension was one and half times as high as blood pressure at rest.  
 Induced hypertension was maintained for 30-60 minutes. In three cases of  
 5 primary osteosarcomas, induced hypertension resulted in the increase of  
 tumor stain and/or vascularity angiographically, and chemotherapeutic  
 effects were CR or PR. The six cases with soft-tissue sarcomas were 2  
 cases each of CR, PR, and NC. The decrease of relative tumor blood flow  
 under the condition of \*\*\*angiotensin\*\*\* \*\*\*II\*\*\* -induced  
 hypertension was detected in 5 cases of 6 soft-tissue sarcomas by 133Xe  
 clearance method. In the case of rhabdomyosarcoma, the decrease of tumor  
 stain and vascularity by induced hypertension was observed on angiogram.  
 As the \*\*\*side\*\*\* \*\*\*effects\*\*\* accompanying induced hypertension,  
 nausea and chest oppression were noted in 2 cases, respectively. In this  
 study it was suggested that \*\*\*angiotensin\*\*\* \*\*\*II\*\*\* -induced  
 hypertension \*\*\*chemotherapy\*\*\* was effective for osteosarcoma, but  
 that it might be ineffective for soft-tissue sarcomas.

L8 ANSWER 8 OF 13 MEDLINE  
 ACCESSION NUMBER: 89149125 MEDLINE  
 DOCUMENT NUMBER: 89149125 PubMed ID: 2645833  
 TITLE: Intra-arterial infusion chemotherapy: clinical applications  
 and current status of therapeutic effects on various  
 malignant tumors.  
 AUTHOR: Itsubo M; Kameda H  
 CORPORATE SOURCE: First Dept. of Internal Medicine, Jikei University School  
 of Medicine.  
 SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND  
 CHEMOTHERAPY], (1989 Feb) 16 (2) 199-206. Ref: 32  
 Journal code: 7810034. ISSN: 0385-0684.  
 PUB. COUNTRY: Japan  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 General Review; (REVIEW)  
 (REVIEW, TUTORIAL)  
 LANGUAGE: Japanese  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 198904  
 ENTRY DATE: Entered STN: 19900306  
 Last Updated on STN: 19900306  
 Entered Medline: 19890404

AB Intra-arterial infusion \*\*\*chemotherapy\*\*\* for various malignant  
 tumors in order to improve the antitumor effects and to diminish the  
 \*\*\*side\*\*\* \*\*\*effects\*\*\* has been performed in general since the  
 1950's. Numerous reports have shown favourable therapeutic effects  
 followed by the development of the new anticancer agents. Although in  
 recent years application of intra-arterial administration of anticancer  
 agents alone has been limited to such target tumors as liver cancer  
 because of application of mechanical arterial embolization using gelatin  
 sponge cubes, attempts have been made to enhance the antitumor effect. In  
 order to improve targeting and stagnancy of anticancer agents in the tumor  
 area, drug delivery systems involving arrangement of the hemodynamics of  
 the tumor area (balloon-occluded arterial infusion therapy, administration  
 with vasoconstrictive agents such as noradrenaline or \*\*\*angiotensin\*\*\*  
 \*\*\*II\*\*\* and/or as administration with various drug carriers  
 (microcapsules, lipiodol, albumin microspheres, Degradable Starch  
 Microspheres, liposomes, etc.) have been prepared and made available for  
 clinical use with various tumors. Furthermore, development of totally  
 implantable equipment of intra-arterial use for not only continuous  
 infusion but one-shot injection of anticancer agents contributes to the



treatment of patients longer and more frequently with less trouble. In the future intra-arterial infusion \*\*\*chemotherapy\*\*\* will have an important role for treatment of various malignant tumors, especially as one part of multimodal treatments, although the pharmacokinetics should be more fully-studied.

L8 ANSWER 9 OF 13 MEDLINE

ACCESSION NUMBER: 88182285 MEDLINE  
DOCUMENT NUMBER: 88182285 PubMed ID: 2451473  
TITLE: Hepatic artery infusion chemotherapy with cisplatin and adriamycin in combination with angiotensin-II in the treatment of malignant liver tumors.  
AUTHOR: Morita S; Matsumoto S; Odani R  
CORPORATE SOURCE: Dept. of Radiology, Kochi Municipal Central Hospital.  
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1988 Apr) 15 (4 Pt 1) 689-95.  
Journal code: 7810034. ISSN: 0385-0684.  
PUB. COUNTRY: Japan  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Japanese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198805  
ENTRY DATE: Entered STN: 19900308  
Last Updated on STN: 19960129  
Entered Medline: 19880510

AB Hepatic arterial infusion \*\*\*chemotherapy\*\*\* with cisplatin (CDDP) and adriamycin (ADR) in combination with \*\*\*angiotensin\*\*\* - \*\*\*II\*\*\* (AT-II) was performed in 19 cases of hepatocellular carcinoma (HCC), 16 cases of metastatic liver tumor (MLT) and one case of cholangiocellular carcinoma. CDDP (60-120 mg) and ADR (20-50 mg) were infused into the hepatic artery with intra-arterial instillation of AT-II (0.5-1.5 microgram/min). Transcatheter arterial embolization (TAE) was additionally performed in 10 cases of HCC and 3 cases of MLT. The response rates for infusion \*\*\*chemotherapy\*\*\* combined with TAE were 44% in HCC and 67% in MLT. On the other hand, the response rates without TAE were 0% in HCC and 42% in MLT. In some cases of HCC, however, a marked decrease in serum alpha-fetoprotein levels was observed despite the lack of effectiveness evaluated by CT scan and angiography. Although minor \*\*\*side\*\*\* \*\*\*effects\*\*\* were noted such as a mild degree of leukocytopenia and/or thrombocytopenia and hepatic and/or renal dysfunction, they were only temporary with a duration of less than 3 or 4 weeks. In 4 patients with HCC without TAE treatment, however, lethal \*\*\*side\*\*\* \*\*\*effects\*\*\* occurred including pancytopenia, hepatic failure and disseminated intravascular coagulation, and they died within 2 months after infusion \*\*\*chemotherapy\*\*\*. Renal failure was not seen in either group.

L8 ANSWER 10 OF 13 MEDLINE

ACCESSION NUMBER: 87183581 MEDLINE  
DOCUMENT NUMBER: 87183581 PubMed ID: 3566300  
TITLE: Two-route chemotherapy using the anticancer drug cis-diamminedichloroplatinum(II) and its antidote, sodium thiosulfate.  
AUTHOR: Kuroiwa T; Baba T  
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1987 Apr) 14 (4) 1011-7.  
Journal code: 7810034. ISSN: 0385-0684.  
PUB. COUNTRY: Japan  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Japanese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198705  
ENTRY DATE: Entered STN: 19900303  
Last Updated on STN: 19900303  
Entered Medline: 19870513

AB We described the efficacy of "two-route \*\*\*chemotherapy\*\*\* (TRC)", in which the anticancer drug, cis-diamminedichloroplatinum (II) (DDP), is injected locally, in combination with its antidote, sodium thiosulfate (STS), given systemically. First, we tested the protective effect of sulfur-containing compounds against DDP toxicity, and found STS to be the most potent antidote of DDP. On the basis of this finding, we developed TRC using DDP and STS, and applied it for liver and lung metastasis, bladder cancer, and peritoneal disseminated tumors in experimental animals, resulting in remarkable antitumor effects without serious \*\*\*side\*\*\* \*\*\*effects\*\*\*, especially nephrotoxicity. Furthermore, we obtained an optimal increase in the lifespan of rats bearing limb tumors when we tried TRC in combination with the \*\*\*angiotensin\*\*\*

\*\*\*II\*\*\* (AT-II)-induced hypertension method. We also clarified that the protection of STS against OP toxicity was mainly due to diminution of the active platinum level in blood. We briefly reviewed the clinical trials of TRC, and discussed the improvements which still have to be made.

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ACCESSION NUMBER: 1987:170063 BIOSIS  
DOCUMENT NUMBER: BA83:88504  
TITLE: PREOPERATIVE INTRA-ARTERIAL INFUSION CHEMOTHERAPY FOR ADVANCED BREAST CANCER.  
AUTHOR(S): ABE H  
CORPORATE SOURCE: DEP. OF SURGERY I, SCH. OF MED., IWATE MED. UNIV., MORIOKA, JAPAN.  
SOURCE: J IWATE MED ASSOC, (1986 (RECD 1987)) 38 (4), 471-482.  
CODEN: IIZAAX. ISSN: 0021-3284.  
FILE SEGMENT: BA; OLD  
LANGUAGE: Japanese

AB During the period from 1982 through 1984, twenty patients with advanced breast cancer of Stage III and IV (TNM classification) were treated with preoperative intra-arterial infusion \*\*\*chemotherapy\*\*\* and radical mastectomy. For the purpose of preoperative intra-arterial infusion, two catheters were inserted in the subclavian artery via the superficial cervical artery and internal mammary artery via the superiorenigastrie artery, respectively. Twenty patients were divided into four groups according to the administered drugs. Group 1: 6 patients administered Adriamycin (ADM) alone. Group 2: 6 patients administered ADM and 5-fluorouracil (5 FU). Group 3: 4 patients administered ADM with a infusion \*\*\*Angiotensin\*\*\* \*\*\*II\*\*\* (AT II) through the peripheral vein. Group 4: 4 patients administered ADM and 5 FU with use of AT II. ADM was given three times during 9 days in a 4 groups and total dose of ADM was 150 mg, and 250 mg of 5 FU was given every day in the Group 2 and the Group 4. After blood pressure was elevated by using AT II, ADM was administered through intrarterial catheter for 5 minutes in the Group 3 and the Group 4. Size of tumor and metastatic lymph nodes were measured, and reduction rate was calculated. Resected breast and lymph nodes were evaluated histologically according to Ohboshi and Shimozato's criterion. \*\*\*Side\*\*\* \*\*\*effects\*\*\* were also observed in the present study. The results were summarized as follows; 1) Reduction rate of all patients was 57.7 +/- 26.3% in tumors and 68.9 +/- 35.3% in lymph nodes, respectively. 2) There were no significant differences in the reduction rate among four groups. 3) Effective histological changes of the tumor were found in 61.1% of all patients, and that of the lymph nodes were found in 43.8%. 4) The most effective histological changes were observed in the Group 4. 5) \*\*\*Side\*\*\* \*\*\*effects\*\*\* frequently observed were gastro-intestinal disorder, stomatitis, dermatitis, alopecia, leukopenia and thrombocytopenia, but there were no patients who were discontinued the treatment because of \*\*\*side\*\*\* \*\*\*effects\*\*\*.

L8 ANSWER 12 OF 13 MEDLINE DUPLICATE 4

ACCESSION NUMBER: 86135323 MEDLINE  
DOCUMENT NUMBER: 86135323 PubMed ID: 3937720  
TITLE: Hypertensive chemotherapy of advanced gastric cancer.  
AUTHOR: Bai X W  
SOURCE: CHUNG-HUA CHUNG LIU TSA CHIH [CHINESE JOURNAL OF ONCOLOGY], (1985 Sep) 7 (5) 380-1.  
Journal code: 7910681. ISSN: 0253-3766.  
PUB. COUNTRY: China  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Chinese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198604  
ENTRY DATE: Entered STN: 19900321  
Last Updated on STN: 20000303  
Entered Medline: 19860415

AB Hypertensive \*\*\*chemotherapy\*\*\* of advanced gastric cancer is reported in this paper. The blood pressure of the patient was first elevated by intravenous \*\*\*angiotensin\*\*\* \*\*\*II\*\*\*, then mitomycin C was given for two consecutive days at doses of 20 mg and 10 mg. Out of 20 cases, it was effective in 11 (55%), especially for those with Borrmann III and IV types and poorly differentiated adenocarcinoma which recurred after subtotal gastrectomy. The \*\*\*side\*\*\* \*\*\*effect\*\*\* of this treatment was not marked and the response satisfactory. Therefore, it may easily be accepted as the treatment for advanced gastric cancer.

L8 ANSWER 13 OF 13 MEDLINE  
ACCESSION NUMBER: 85120947 MEDLINE

DOCUMENT NUMBER: 85120947 PubMed ID: 4038597  
 TITLE: Intra-arterial infusion chemotherapy for non-resectable pancreatic cancer using angiotensin-II and prostaglandin-E1.  
 AUTHOR: Ishikawa O; Ohhigashi H; Iwanaga T  
 SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1985 Feb) 12 (2) 235-44.  
 Journal code: 7810034. ISSN: 0385-0684.  
 PUB. COUNTRY: Japan  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: Japanese  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 198503  
 ENTRY DATE: Entered STN: 19900320  
 Last Updated on STN: 19900320  
 Entered Medline: 19850320

AB we have developed a new method of intra-arterial infusion  
 \*\*\*chemotherapy\*\*\* for non-resectable pancreatic cancer, in order to facilitate the selective delivery of a large amount of anticancer agent to the cancer lesion. This method was carried out as follows: (1) retrograde cannulation was performed by inserting a catheter into the splenic artery after splenectomy, and many of its branches were dissected out around the body and tail of the pancreas: (2) anticancer drugs (Adriamycin and Methotrexate) were infused together with \*\*\*Angiotensin\*\*\* - \*\*\*II\*\*\* to decrease the blood flow to non-malignant tissue and to increase the flow to cancer tissue. (3) Twenty-four to 48 hours after Methotrexate was infused, rescue was performed with an infusion of Prostaglandin-E1 to reduce the degree of cytotoxic damage to normal tissue. By using these methods, it was ascertained that a large quantity of the drugs had accumulated in the cancer tissue, even though its original blood flow had been established as very poor by radioisotope and angiographical examination. This therapy was useful not only for anticancer effects on the primary lesion but also the prevention of liver metastasis. Moreover, Methotrexate and rescue therapy were shown to have no remarkable  
 \*\*\*side\*\*\* \*\*\*effects\*\*\*

=> d his

(FILE 'HOME' ENTERED AT 08:40:51 ON 30 JUN 2003)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT 08:41:10 ON 30 JUN 2003

L1 173311 S (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN  
 L2 3 S CHEMOTHERPY (P) (SIDE EFFECT)  
 L3 18473 S CHEMOTHERAPY (P) (SIDE EFFECT)  
 L4 982513 S (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANEMIA OR MYELOS  
 L5 0 S L1 (P) L2  
 L6 21 S L1 (P) L3  
 L7 7 S L6 (P) L4  
 L8 13 DUPLICATE REMOVE L6 (8 DUPLICATES REMOVED)

=> s cytokine or (granocyte colony stimulating factor) or (granulocyte macrophage CSF) or (epider  
 3 FILES SEARCHED...

L9 889801 CYTOKINE OR (GRANULOCYTE COLONY STIMULATING FACTOR) OR (GRANULOCYTE MACROPHAGE CSF) OR (EPIDERMAL GROWTH FACOTR) OR INTERLEUKIN OR (MEGAKARYOCYTE DEVELOPMENT GROWTH FACTOR)

=> s (epidermal growth factor)or thrombopoietin or pixykinine or (stem cell factor) or (flt-ligand)  
 3 FILES SEARCHED...  
 5 FILES SEARCHED...

L10 166903 (EPIDERMAL GROWTH FACTOR) OR THROMBOPOIETIN OR PIXYKINE OR (STEM CELL FACTOR) OR (FLT-LIGAND)

=> s 19 or 110  
 L11 1033812 L9 OR L10

=> s 16 (p) 111  
 L12 0 L6 (P) L11

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(FILE 'HOME' ENTERED AT 08:40:51 ON 30 JUN 2003)

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L1 173311 S (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN

L2 3 S CHEMOTHERPY (P) (SIDE EFFECT)  
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 L4 982513 S (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANEMIA OR MYELOS  
 L5 0 S L1 (P) L2  
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 L7 7 S L6 (P) L4  
 L8 13 DUPLICATE REMOVE L6 (8 DUPLICATES REMOVED)  
 L9 889801 S CYTOKINE OR (GRANLOCYTE COLONY STIMULATING FACTOR) OR (GRANUL  
 L10 166903 S (EPIDERMAL GROWTH FACTOR)OR THROMBOPOIETIN OR PIXYKINE OR (ST  
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 L12 0 S L6 (P) L11

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COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
124.91	125.12

FULL ESTIMATED COST

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)

SINCE FILE	TOTAL
ENTRY	SESSION
-0.65	-0.65

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STN INTERNATIONAL LOGOFF AT 08:59:22 ON 30 JUN 2003